



# Integrative management of pediatric tonsillopharyngitis: An international survey



Silvia Salatino <sup>a, \*</sup>, Alastair Gray <sup>b, c, d, e</sup>

<sup>a</sup> Deutsche Homöopathie-Union DHU-Arzneimittel GmbH & Co. KG, Karlsruhe, Germany

<sup>b</sup> College of Natural Health and Homeopathy, New Zealand

<sup>c</sup> Centre of Homeopathic Education, NYC, USA

<sup>d</sup> Endeavour College of Natural Health, Australia

<sup>e</sup> Portland Centre of Integrative Medicine, UK

## ARTICLE INFO

### Article history:

Received 12 September 2015

Received in revised form

18 November 2015

Accepted 26 November 2015

### Keywords:

Antibiotics

Homeopathy

Pediatrics

Survey

Tonsillopharyngitis

Complementary therapies

## ABSTRACT

This survey investigated the management of pediatric tonsillopharyngitis, with a focus on natural remedies. 138 pediatricians, general practitioners and ear–nose–throat (ENT) specialists in 7 countries were surveyed by a dedicated questionnaire.

A rapid strept test (RST) to diagnose acute tonsillopharyngitis was routinely used by 56/138 participants (41%). The use of RST allowed 200 diagnosis/year compared with 125 diagnosis/year for clinicians who did not use this tool. Homeopathy remedies were prescribed as a supportive therapy by 62% of participants (85/138). Among different homeopathic remedies, SilAtro-5-90 was the most frequently prescribed (53/138, 38%). In the chronic setting, homeopathy was suggested as a supportive therapy by 82/138 participants (59%), phytotherapy by 39 (28%) and vitamins/nutritional supplementation by 51 (37%).

The management of tonsillopharyngitis in pediatric patients still remains empiric. Natural remedies, and homeopathy in particular, are used in the management of URTIs. An integrative approach to these infections may help reduce excessive antibiotic prescription.

© 2015 Elsevier Ltd. All rights reserved.

## 1. Introduction

Upper respiratory tract infections (URTIs) are commonly observed in pediatric patients, and are associated with a marked burden for the healthcare system. It has been estimated that more than 20% of pediatric ambulatory visits result in an antibiotic prescription [1]. The majority of cases of URTIs in children are of viral etiology and therefore antibiotics are not appropriate [2]. Overuse of antibiotics results in drug-related adverse events and unnecessary medical costs, and it also largely contributes to the development of resistance [1,3]. Notably, antibiotic prescription is often the result of parents' expectations. Counseling by the treating physician may help reduce antibiotic abuse [4,5].

Among different URTIs, tonsillopharyngitis is particularly widespread in the pediatric population [6,7]. This condition can be

either acute or chronic and it is caused, in more than one third of cases, by group A beta-hemolytic streptococci (GABHS), the presence of which can be diagnosed by the rapid strept test (RST) which allows to distinguish between bacterial and viral etiology and therefore helps guide treatment decision-making [6,8]. Of note, no definite consensus on the management of bacterial pharyngitis has been reached to date [9].

It has been suggested that natural remedies, including homeopathy, may have a role in the management of URTIs and may help reduce inappropriate antibiotic use in a number of infections, including tonsillopharyngitis [10–12]. In particular, homeopathy appears to be quite popular, especially among families with a high socio-economical status, as documented in a survey conducted in Germany [13]. In the primary care setting, homeopathic treatment for acute respiratory conditions was not inferior to conventional treatment, and they may therefore have a role in the management of URTIs such as tonsillopharyngitis, within an integrative approach also using conventional medicine [14]. However, little is known on the physicians' approach to this issue.

The present survey was conducted in order to investigate the

\* Corresponding author. Deutsche Homöopathie-Union, DHU, Ottostrasse 24, Karlsruhe, Germany.

E-mail address: [silvia.salatino@dhu.de](mailto:silvia.salatino@dhu.de) (S. Salatino).

management of pediatric acute and chronic tonsillopharyngitis in 7 countries, with a focus on natural remedies and homeopathy.

## 2. Methods

To investigate on the management of pediatric acute and chronic tonsillopharyngitis with a focus on natural remedies and homeopathy, a survey was conducted among 138 pediatricians, general practitioners and ear–nose–throat (ENT) specialists in Bulgaria, Spain, Israel, Italy, Portugal, Romania and Serbia, identified by Deutsche Homöopathie-Union Partners via a proprietary database. Due to the nature of the survey, approval by Ethical Committees was not required.

Clinicians were asked to fill a 14-item dedicated questionnaire. The questionnaire was composed of two sections, the former dedicated to acute tonsillopharyngitis, the latter to chronic disease (i.e. a persistent inflammatory process dependent on permanent structural changes of the tonsils with scarred alterations resulting in bad draining of cell detritus). Each section included questions on the number of patients with tonsillopharyngitis seen each year, the diagnosis of disease, and the subsequent management. Specifically, the first section contains questions about number of patients diagnosed with acute disease, usage of RST and therapy/medication. The second section collects the same pieces of information, but in the chronic setting.

Data were collected and analyzed centrally using descriptive statistics. Categorical scaled parameters were reported as absolute and relative frequencies. The level of analysis was the doctor with exception of analysis of free text entries. Free text entries were summarized and the results were tabulated.

Analyses were performed with statistical software package SAS® 9.2 (SAS Institute, Cary, NC, USA).

## 3. Results

### 3.1. Demography

Table 1 summarizes information on the participants. In most cases, involved clinicians were from Bulgaria ( $n = 28$ ; 20%) or Spain ( $n = 25$ ; 18%). On the other hand, Israel was the country which provided less participants to the survey ( $n = 10$ ; 7%). Most clinicians were pediatricians ( $n = 99$ ; 72%), while ENT specialists and GPs accounted for 11% ( $n = 16$ ) and 4% ( $n = 5$ ) of the total number of participants, respectively.

The median number of pediatric patients cared for per year was 3000 (range: 150–14,400). Of these, 450 patients (range: 38–7500) received a diagnosis of acute tonsillopharyngitis while 100 patients (range: 0–2000) presented chronic tonsillopharyngitis.

**Table 1**  
Participating clinicians by specialty (N = 138). All values are provided as number (%).

Country	Specialization							All
	ENT	GP	GP, pediatrician	Pediatrician	Pediatrician and ENT	Pediatrician, neonatologist	Other	
Belgium	1 (3)	4 (14)	12 (43)	11 (39)	–	–	–	28 (100)
Spain	–	1 (4)	24 (96)	–	–	–	–	25 (100)
Israel	–	–	–	10 (100)	–	–	–	10 (100)
Italy	–	–	–	15 (75)	–	1 (5)	4 (20)	20 (100)
Portugal	–	–	–	17 (100)	–	–	–	17 (100)
Romania	9 (47)	–	–	10 (53)	–	–	–	19 (100)
Serbia	6 (31)	–	–	12 (63)	1 (5)	–	–	19 (100)
All	16 (11)	5 (4)	12 (9)	99 (72)	1 (1)	1 (1)	4 (3)	138 (100)

### 3.2. Acute tonsillopharyngitis

Overall, a RST to diagnose acute tonsillopharyngitis was routinely used by 56 participants (41%). The use of RST resulted in a median frequency of 200 diagnosis (range: 10–4000) per year; conversely, clinicians who did not use this diagnostic tool made a median frequency of 125 (range: 0–4000) new diagnoses of acute tonsillopharyngitis/year.

Table 2 summarizes the treatment suggested for the management of acute tonsillopharyngitis. Amoxicillin (87/138, 63%) and penicillin (67/138, 49%) were the most common antibiotics prescribed, followed by second-generation cephalosporins (39/138, 28%). Other molecules, considered collectively as a single class, were prescribed by 29% of participants (30/138). When considering only the 56 participants who routinely use the RST, the frequency of prescription of amoxicillin and penicillin were 75% (42/56) and 45% (25/56), respectively. Pain and fever were mostly managed by ibuprofen (106/138, 77%) and paracetamol (91/138, 66%). Supportive therapies included aerosol (36/138, 26%), antiseptics (54/138, 39%), immunomodulators (42/138, 30%), anesthetics (24/138, 17%), and mucolytics (18/138, 13%).

Homeopathic remedies were prescribed as a supportive therapy by 62% of participants (85/138). Among different homeopathic remedies, SilAtro-5-90 (Tonsilotren®, DHU, Karlsruhe, Germany) was the most frequently prescribed (53/138, 38%), followed by Mercurius solubilis (9/138, 6%), AcoBry-6-78 (Influcid®, DHU; 9/138, 6%), Belladonna (7/138; 5%) and CalSuli-4-02 (Immunokind®, DHU, Karlsruhe, Germany) (6/138; 4%). Other frequently suggested supportive therapies were phytotherapy (41/138, 30%) and vitamins/nutritional supplementation (41/138, 30%).

### 3.3. Chronic tonsillopharyngitis

Table 3 summarizes the measures prescribed to patients with chronic tonsillopharyngitis. More common supportive therapies included immunomodulators (67/138, 49%) and antiseptics (44/138, 32%).

Homeopathy was suggested as a supportive therapy by 82/138 participants (59%), phytotherapy by 39 (28%) and vitamins/nutritional supplementation by 51 (37%). Among homeopathic remedies, SilAtro-5-90 was advised in 40% of cases (55/138), followed by AcoBry-6-78 (Influcid®, DHU; 9/138, 6%) and Homeovox (6/138, 4%).

## 4. Discussion

The present survey, conducted in seven countries, addressed the management of pediatric acute and chronic tonsillopharyngitis in pediatric ambulatory care, with a focus on natural remedies and homeopathy. It has been shown that dedicated surveys do have a role in describing daily physicians' clinical practice and approach to

Download English Version:

<https://daneshyari.com/en/article/2628437>

Download Persian Version:

<https://daneshyari.com/article/2628437>

[Daneshyari.com](https://daneshyari.com)